



TANZANIA CIVIL AVIATION AUTHORITY
DIRECTORATE OF SAFETY REGULATIONS
PERSONNEL LICENSING

Revision: 2

Form

Document No.:
TCAA -FRM -SR-PEL 08B

Title: **Instructors Application form for Initial/Renewal**

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IMPORTANT NOTICES

1. This form should be completed and filled in capital letters and be submitted to TCAA Personnel Licensing Office or email: pel@caa.go.tz
2. Evidence of qualifications must meet the requirements for the issue of the licence.
3. All dates are written in dd/mm/yy
4. All items in Part A must be filled correctly
5. (*) The star stands for compulsory
6. All items in Part D must be uploaded in the online system

SN	PART A: PERSONAL PARTICULARS INFORMATION		
1	Surname:	First Name:	Other name:
2	Nationality:		
3	Date of Birth:		
4	*Type of license:	License number:	
5	Place of operational (location):		
6	* Medical Certificate Class:	Date of last Medical: (dd/mm/yy)	Date of Expiry: (dd/mm/yy)
7	Telephone number		
8	Name of employer		
9	Address of Employer		
10	*Initial application/ Renewal Application	*Type of aircraft:	
11	Aircraft type rating	SE ME	ELP Level: 5 6
12	Assistant Flight Instructor Type Rating Instructor	Flight Instructor Flight Simulator Instructor	Instrument Rating Instructor (IR)
13	Email address:		
14	Preferred ATO:		



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S/N	PART B: FLYING EXPERIENCE							
LOGBOOK HOURS	AEROPLANE		HELICOPTER	BALLOON	LOGBOOK HOURS	AEROPLANE		HELICOPTER
	SE	ME				SE	ME	
TOTAL					INSTRUMENT			
PIC					SIMULATED INSTRUMENT			
FLIGHT INSTRUCTION					PIC NIGHT			
HOURS ON TYPE					TOTAL HOURS			

PART C: PILOT PROFICIENCY CHECK

LAST DATE OF CHECK:

TYPE RATING:

EXAMINER NAME:

EXAMINER NO:


AIRCRAFT/FSTD:

PART D: REQUIREMENTS

1. Upload a copy of records (Instructor Rating/equivalent certificates or On-job training Instructor certificates)
2. Upload report of number of tests conducted per year (for renewal)
3. Upload valid medical certificate
4. Report of PPC (Pilot Proficiency check). Base check
5. Copy of the Logbook (last three pages).
6. Two colour photo passport size (name of applicant at the back of the photo – for initial)

PART E: APPLICATION AND DECLARATION

I hereby declare that all information provided in this application, including but not limited to my qualifications, flight hours, training, and experience, is true, accurate, and complete to the best of my knowledge and belief. I understand that any false

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statement or omission may result in the disqualification of my application or the revocation of my Flight Test Examiner designation.

Applicant Signature:	Date:
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PART F: FOR OFFICIAL USE ONLY

	I certify that the applicant meets / does not meet* all the requirement as stated in the application form for the applicant of AFI / FI / IRI / TRI/FSI * (*Circle as necessary)	
	Initial	Renewal
	Name of PEL Officer/Inspector.	
	Date	
	Signature	
	NOTE: <ul style="list-style-type: none"> The application is to be filled out by typing or writing clearly in capital letters: (A), (B), (C) & (D) The applicant shall complete this section. (F) The Inspector shall certify whether the applicant meet or does not meet the requirement for instructor application 	